

L060000060114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

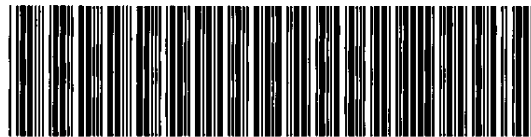
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RECEIVED  
06 JUN 13 PM 12:04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

EFFECTIVE DATE  
6/11/06

FILED  
2006 JUN 13 PM 2:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Shoppes at Port Richey, LLC

EFFECTIVE DATE  
6/11/06

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2006 JUN 13 PM 2:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

☒ Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

ARTICLES OF ORGANIZATION  
SHOPPES AT PORT RICHEY, LLC.  
A LIMITED LIABILITY COMPANY

EFFECTIVE DATE

6/11/06

(Pursuant to Chapter 608, Florida Statutes)

FILED  
2006 JUN 13 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is SHOPPES AT PORT RICHEY, LLC..

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

12608 PORTMARNOCK DRIVE, ODESSA, FL 33556

4. **Mailing Address.** The mailing address of the limited liability company is:

12608 PORTMARNOCK DRIVE, ODESSA, FL 33556


5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

JOHN S. CHUN  
12608 PORTMARNOCK DRIVE  
ODESSA, FL 33556

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisional of all statutes relating to the proper and complete performance of my duties, and*

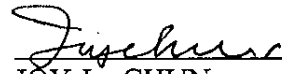
in Chapter 608, F.S.

  
JOHN S. CHUN

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

JUNE //, 2006

  
JOHN S. CHUN  
Member

  
JOY J. CHUN  
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)